

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000082845

1. Entity Name  
STAFF OUTSOURCE SOLUTIONS, INC.



Principal Place of Business  
1800 2ND ST, SUITE 909  
SARASOTA, FL 34236

Mailing Address  
1800 2ND ST, SUITE 909  
SARASOTA, FL 34236



03302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0877415

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WOLFE, RANDOLPH J ESQ.  
FOLEY & LARDNER  
100 N. TAMPA STREET, SUITE 2700  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U000000299649

04/11/05-80118-002 300.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HARRIS, G WAYNE
STREET ADDRESS	1800 2ND ST, SUITE 909
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	LANZA, KELLY
STREET ADDRESS	1800 2ND ST, SUITE 909
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	HARKAVY, JONATHAN
STREET ADDRESS	1501 WILSON BLVD, SUITE 1110
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	D
NAME	ROGERS, MICHAEL T
STREET ADDRESS	45 STATE ST, UNIT 395
CITY-ST-ZIP	MONTPELIER, VT 05601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #